

# UTC

## UTILITIES AND TRANSPORTATION COMMISSION

Please submit this renewal form by November 30, 2005, to ensure that you receive your receipt by January 1, 2006.



**Note: Filing on-line requires a credit card payment.**

INSTRUCTIONS:

1. Complete the application. Carrier name must be identical to the name on the certificate issued by the FMCSA..
2. Fees must accompany the application. Payment options include check, money order, and credit card. To pay by cash, please visit our office Monday through Friday from 8:00 a.m., to 4:30 p.m. **Please do not send cash in the mail.**
3. Copies of the original receipt must be carried in each vehicle for which fees have been paid. The original receipt must be kept by the motor carrier at its principal place of business for three years.

## CARRIER INFORMATION

MC\* No.:US DOT No.:Carrier Name: \_\_\_\_\_Fax #: \_\_\_\_\_

d/b/a: \_\_\_\_\_

Receive receipt by: ☐ E-mail ☐ First Class Mail

Telephone #: \_\_\_\_\_

E-mail:

Principal Place of Business Address**Mailing Address** (If different from Business Address)

Street:

Street/PO Box:

City: \_\_\_\_\_City: \_\_\_\_\_State/Zip:State/Zip:

## CERTIFICATION

I, the undersigned, under penalty for false statement, certify that the information is true, valid, and correct and that I am authorized to execute and file this document on behalf of the applicant.

Name (Printed) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT INFORMATION

☐ Money Order      ☐ Check      ☐ Discover  
☐ American Express      ☐ MasterCard      ☐ Visa

*For Commission Use Only*

Payment ID #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Credit Card Number:

Expiration Date  
Month / Year

**Cardholder's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Carrier Name:</b>					<b>MC #:</b>
<b>Principal State/Place of Business:</b>					
<b>STATES IN WHICH YOU WILL TRAVEL</b>	<b>NUMBER OF VEHICLES</b>	<b>PROPERTY</b>	<b>PASSENGER CHARTER</b>	<b>PASSENGER REGULAR RTE</b>	<b>TOTAL (multiply the # of vehicles times the fee)</b>
Alabama (AL)		\$6.00	\$6.00	\$6.00	
Arkansas (AR)		\$5.00	\$5.00	\$5.00	
California (CA)		\$5.00	\$5.00	\$5.00	
Colorado (CO)		\$5.00	\$5.00	\$5.00	
Connecticut (CT)		\$10.00	0	0	
Georgia (GA)		\$5.00	\$5.00	\$5.00	
Idaho (ID)		\$2.00	\$2.00	\$2.00	
Illinois (IL)		\$7.00	\$7.00	\$7.00	
Indiana (IN)		\$10.00	\$10.00	\$10.00	
Iowa (IA)		\$1.00	\$1.00	\$1.00	
Kansas (KS)		\$10.00	\$10.00	\$10.00	
Kentucky (KY)		\$10.00	\$10.00	\$10.00	
Louisiana (LA)		\$10.00	0	\$10.00	
Maine (ME)		\$8.00	0	0	
Massachusetts (MA)		\$10.00	0	0	
Michigan (MI) based in OR or AB*		* 0	* 0	* 0	*
Michigan (MI) based in AK, WA or BC*		* \$10.00	* 0	* 0	*
Minnesota (MN) based in AK, OR, WA or BC*		* \$5.45	* \$5.45	* \$5.45	*
Minnesota (MN) based in AB*		* .45	* .45	* .45	*
Mississippi (MS)		\$10.00	\$10.00	\$10.00	
Missouri (MO)		\$10.00	\$10.00	\$10.00	
Montana (MT)		\$5.00	\$5.00	\$5.00	
Nebraska (NE)		\$3.50	0	0	
New Hampshire (NH)		\$10.00	\$10.00	\$10.00	
New Mexico (NM)		\$10.00	\$10.00	\$10.00	
New York (NY)		\$10.00	\$10.00	\$10.00	
North Carolina (NC)		\$1.00	\$1.00	\$1.00	
North Dakota (ND)		\$10.00	\$10.00	\$10.00	
Ohio (OH)		\$5.00	0	0	
Oklahoma (OK)		\$7.00	\$7.00	\$7.00	
Rhode Island (RI)		\$8.00	\$8.00	\$8.00	
South Carolina (SC)		\$5.00	\$5.00	\$5.00	
South Dakota (SD)		\$5.00	\$5.00	\$5.00	
Tennessee (TN)		\$8.00	\$8.00	\$8.00	
Texas (TX)		\$10.00	\$10.00	\$10.00	
Utah (UT)		\$6.00	\$6.00	\$6.00	
Virginia (VA)		\$10.00	\$3.00	\$3.00	
Washington (WA)		\$10.00	\$10.00	0	
West Virginia (WV)		\$3.00	\$3.00	\$3.00	
Wisconsin (WI)		\$5.00	0	\$5.00	
*Fees vary based on principal place of business. States not listed do not participate in this program and must be contacted directly.				<b>AMOUNT PAID</b>	

<b>FOR COMMISSION USE ONLY</b>			
<input type="checkbox"/> Insurance	<input type="checkbox"/> MC	Entered into REG DB by: _____	<input type="checkbox"/> Over \$ _____ <input type="checkbox"/> Under \$ _____